

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90005 003 ****61.25

DOCUMENT # 742783

1. Entity Name

SALISBURY D CONDOMINIUM ASSOCIATION, INC.

C0023548



DO NOT WRITE IN THIS SPACE

Principal Place of Business SALISBURY D 73 CENTURY VILLAGE WEST PALM BEACH FL 33417-1949 US	Mailing Address SALISBURY D 73 CENTURY VILLAGE WEST PALM BEACH FL 33417-1949 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1730332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAYLIS, CLARE
SALISBURY D 73
CENTURY VILLAGE
W PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00	
TITLE P NAME MANNING, LOUISE STREET ADDRESS SALISBURY D76 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BAYLIS, CLARE STREET ADDRESS SALISBURY D-73 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HOFMANN, DOLORES STREET ADDRESS SALISBURY D-83 CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NORTON, JOHN STREET ADDRESS SALISBURY D-88 CITY-ST-ZIP WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME NORTON, MARY STREET ADDRESS SALISBURY D-88 CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCCOLGAN, EILEEN STREET ADDRESS SLAIBURY D-90 CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRIEDLANDER, R STREET ADDRESS SALISBURY D-93 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Date]* *[Handwritten Fee]*

CR2E037 (9/99)